

Section 5310 Monthly Reporting Form

Date (Month & Year) _____ Report Prepared by _____

AGENCY NAME _____

Vehicle Serial No. _____ Vehicle License No. _____

Delegate Agency (If Applicable) _____ Operated in (County) _____

1. Passengers

Each passenger is only counted in ONE category.

a. Elderly _____
b. Disabled (non-wheelchair) _____
c. Wheelchair _____
d. Other _____
TOTAL 1. _____

2. Primary Trip Purpose - Each passenger is counted for a trip purpose every time they enter vehicle.

a. Adult Day Care _____	f. Mental Health _____
b. Education _____	g. Nutrition _____
c. Employment _____	h. Shopping/Personal _____
d. Home _____	i. Social/Recreation _____
e. Medical _____	j. Other _____
TOTAL (A - J <u>Must</u> Equal 1) 2. _____	

3. Total Miles Driven (Annual mileage should be at least 10,000 miles) 3. _____

4. Operating Expenses

a. Driver Salary(ies) _____
b. Fuel/Oil _____
c. Preventative Maintenance* _____
d. Repairs* Describe under Section 5
any PM or major vehicle repairs _____
e. Other (Insurance/Administrative) _____
TOTAL 4. _____

5. Food Hot/Cold Storage Unit/Meals Delivered: _____

6. ☐ Our vehicle was not operated this month for the following reason(s) described below:
☐ The following exception to the assurances existed this month:
☐ Major repairs were made on the vehicle:
☐ Preventative Maintenance performed on the vehicle (even at no charge):

Assurances

The above information is true and verifiable. The vehicle was operated in accordance with the project grant agreement and was used for the purpose for which the grant was approved. The vehicle hasn't been sold, damaged or otherwise taken out of service. The lift (if the vehicle is equipped with one) or ramp has been cycled (run up and down) daily and is in good working order. The vehicle is being maintained in accordance with the manufacturer's recommended schedule and documentation exists to support this. *Any exception to these items is fully explained under Section 6 (see above).*

Date: _____ Signed: _____